

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION

APPLICATION FOR LICENSE FOR CHILD CARE CENTER

**If the applicant answers to a source other than a sole proprietor (executive board, board of directors, other owner, etc.), the individual that is responsible for the day care facility must complete this form.*

Center Information:

Facility Name: _____

Owner/Board President Name: _____

Phone #: _____ **E-Mail:** _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

*If you are renting, please make sure it is ok with your landlord to provide day care services on the rental property.

Director Information:

Director Name: _____

Phone #: _____ **E-Mail:** _____

Home Address: _____
Street City State Zip

Is the Owner/Board President present in the facility on a regular or frequent basis? [] Yes [] No

Number of children for whom care will be provided: _____ **Number of Infants:** _____

Please mark the youngest and oldest age of children, you wish to provide care to:

0	1	2	3	4	5	6	7	8	9	10	11	12

Hours of operation (days and hours): _____

Estimated Facility Start Date: _____

Fire Marshal Certification [] Yes [] No _____ by _____
Date of Inspection Name of Fire Marshall

Health Department Certification [] Yes [] No _____ by _____
Date of Inspection Name of Inspector

1. EDUCATION

Elementary of High School (Circle years completed) / Did you graduate or receive GED...															
1	2	3	4	5	6	7	8	9	10	11	12	[] Yes		[] No	
College															
1	2	3	4	more than 5				Degree(s) _____							

Name of School	Location	Date Attended				Graduated		Type of Diploma or Degree	Major Field Of Study
		From		To					
		Mo	Yr	Mo	Yr	Yes	No		

- a.** Describe any other special training you have had which you feel is pertinent. Give dates, locations, and the name of the organization or agency sponsoring the training.

- b.** List any professional licenses or certification you hold.

2. EMPLOYMENT AND EXPERIENCE -- Show all positions held within the last 5 years, beginning with present or last employer.

Dates Employed				Position	Full Time	Part Time	Sea- Sonal	Employer	Address
From		To							
Mo	Yr	Mo	Yr						

- Use additional sheets if necessary

- a. Describe the duties of each position listed above that were related to child care services, supervision of child care personnel and programs, management or administration. A director shall have a bachelor's degree in a related field plus 1 year experience in child day care or child development associate certification (CDA) or 3 years experience in a licensed or registered day care facility. If the director also acts as a caregiver, or conducts in-service training, the director must meet the qualifications of a primary caregiver. (See licensing requirements 37.95.622 (4))

- b. Describe any other experience you have had which you feel is pertinent. Include volunteer work in the description. Give details, location.

3. REFERENCES

May the Department contact your last employer for a reference check? ☐ Yes ☐ No

4. PRIOR REGISTRATIONS / LICENSES

- a. Have you been **registered** or **licensed** to care for children, in Montana or in any other state? ☐ Yes ☐ No

If "Yes," when were you licensed or registered? _____

Please list location: _____
Facility Name Address (include City, State, Zip) County

- b. What kind of license or registration did you have? (Day Care, Foster Care, etc.) _____

- c. Have you ever been denied a license or registration to care for children or have you ever had a license or registration revoked or suspended? ☐ Yes ☐ No

If "Yes," When, Where, and why was the application denied or the registration or license revoked or suspended?

5. CHILD ABUSE / NEGLECT:

Have you ever had any child removed from your home or have you or anyone at your center been investigated for possible abuse or neglect by the Department, A child welfare agency, or law enforcement agency in this or any other state? ☐ Yes ☐ No

If "Yes," what was the child's name? _____

What is your relationship with the child? _____

Where and when did this occur? (Please give dates) _____

6. CRIMINAL CHARGES / CONVICTIONS

Applicants and providers must meet certain requirements such as being free of criminal charges and convictions. As the agency responsible for child care registration/licensing, the Department of Public Health and Human Services (DPHHS) must ensure the safety of children in a child care setting. In complying with this each provider and care giver must complete a **"Release of Information Form,"** to be notarized and submitted with this application, along with the applicant completing the following questions. (Please use additional pages as needed)

- a.** Have you or anyone at your center resided in another state within the last five years? ☐ Yes ☐ No

If **"Yes,"** Please list the states you have lived in, in the last five years, and the dates:

- b.** Have you or anyone at your center been convicted of or plead guilty to a crime classified as an offense against "the person" or "the family" or a drug-related offense within the past 10 years? ☐ Yes ☐ No

If **"Yes,"** give details, including name of person, date, place and nature of the conviction and disposition:

- c.** Are you or anyone at your center currently charges with a felony or misdemeanor? ☐ Yes ☐ No

If **"Yes,"** Please give details, including the type of charges:

- d.** Have you or anyone at your center ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect (or exploitation of an adult)? ☐ Yes ☐ No

If **"Yes,"** Please explain.

- e.** Have you or anyone at your center been convicted of a crime involving child or elder abuse or neglect, including sexual abuse, physical assault, or other act of violence? ☐ Yes ☐ No

If **"Yes,"** Please explain.

7. HEALTH

Applicants and providers must meet certain personal health requirements. As the agency responsible for childcare registration/licensing, the Department of Public Health and Human Services (DPHHS) must ensure that the health of all providers and family members is adequate to meet the demands of the care being provided. In complying with this each provider, care giver, and adult persons presiding in the home must complete a **“Statement of Health Form”**, to be submitted with this application.

8. COMMENTS: (If no comment, go to last page.)

9. SWORN STATEMENT

In Accordance with Section 52-2-701 through 52-2-741, Montana Code Annotated, I hereby request the issuance of a Day Care Center License on the basis of my affirmation of the following statements:

**Please
Initial**

- _____ a. I have received and have read a copy of the State Regulations for Day Care Centers that includes the supplemental regulations for Infant Care.
- _____ b. I certify that I intend to remain in compliance with the licensing requirements for day care centers.
- _____ c. I understand that I may not care for more children at any one time than are indicated by the day care license.
- _____ d. I understand that any complaints about my licensed day care facility may be investigated by a representative of the Department, without prior notification.
- _____ e. I understand that my day care center may be visited at any time by the parent(s) or a child in care or by a representative of the Department, and I will allow entry.
- _____ f. If I move to another address or stop providing care to children I must notify the Department of Public Health and Human Services, Child Care Licensing Program.
- _____ g. I understand that the name and address of my day care center will appear on a list that is maintained by the Department of Public Health and Human Services and made available to the public upon request.
- _____ h. I will keep the necessary Insurance in force covering the total number of children I am caring for. I certify that I have adequate Public Liability and Fire Insurance for the purpose of conducting child day care. **Please provide us with the name of your insurance company, the contact person, policy number, effective dates, and number of children, coverage is provided for, by completing the "Insurance Verification Form".** If you are renting, we need a copy of your landlord's Fire Insurance.
- _____ i. I will provide the department with the names, addresses, phone numbers, and the parents' names for each child in my care whenever requested to do so by the department.

To the best of my knowledge and belief, all information I have given to the Department of Public Health and Human Services and/or its authorized agents on this form is true and correct. I will supply true and correct information requested during all subsequent contacts.

(Signature)

(Date)

TO BE COMPLETED BY A NOTARY PUBLIC:

Taken, Sworn, and subscribed before me, this _____ day of _____ A.D. _____

(Notary Public for the State of Montana)

Residing at _____

My Commission Expires _____